

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/05/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155743		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 04/18/2011	
NAME OF PROVIDER OR SUPPLIER GREEN-HILL MANOR INC				STREET ADDRESS, CITY, STATE, ZIP CODE 501 N LINCOLN AVE FOWLER, IN47944			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/18/11</p> <p>Facility Number: 000288 Provider Number: 155743 AIM Number: 100287380</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Green-Hill Manor Inc. was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility consisted of the original building and a 1999 addition. Since the entire facility was built prior to March 1, 2003, it</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0069 SS=E	<p>was surveyed in accordance with LSC Chapter 19. The facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and resident rooms 33 through 45. The facility has a capacity of 64 and had a census of 52 at the time of this survey.</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 04/19/11.</p> <p>The facility was found not in compliance with the aforementioned requirements as evidenced by: Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review and interview, the facility failed to ensure 1 of 1 kitchen exhaust systems was cleaned by properly trained and qualified people. NFPA 96 section 8-3.1 requires hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals</p>			K0069	<p>1. Provider has contacted 360 Services to provide cleaning to our kitchen hood on April 28, 2011. 2. Provider will have 360 Service provide annual hood cleaning.</p>		04/28/2011

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K0144	<p>prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s). This deficient practice could affect kitchen staff, and 20 or more visitors and residents in the main dining room.</p> <p>Findings include:</p> <p>Based on record review with the administrator on 04/18/11 at 10:30 a.m., kitchen exhaust hood and duct cleaning was performed by the administrator on 08/12/11. The administrator, at the time of record review, he lacked any formal training or certification for the cleaning and there was no other documentation the entire system was inspected by a properly trained, qualified, and certified company or person(s).</p> <p>3.1-19(b) Generators are inspected weekly and exercised under load for 30 minutes per</p>						

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SS=F	<p>month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for the shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants.</p> <p>Findings include:</p>			K0144	<p>1. Provider is requesting a 90 day waiver to have the remote shut off installed. 2. Provider has scheduled NovaTek to perform the load bank testing.</p>		05/01/2011

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	<p>Based on interview on 04/18/11 at 11:20 a.m. with the maintenance director and administrator, the emergency generator was installed prior to 2003. The maintenance director said it had a 109 horsepower engine. The administrator and maintenance director were unsure whether there was a remote emergency shut off for the generator said at the time of record review. There was no remote emergency shut off for the generator found upon inspection on 04/18/11 at 1:00 p.m.</p> <p>3.1-19(b)</p> <p>2. Based on interview and record review, the facility failed to provide complete documentation for testing 1 of 1 emergency generators providing power to the emergency lighting systems. LSC 7.9.2.3 and NFPA 99, Health Care Facilities, 3-4.4.1.1(a) requires monthly testing of the generator set shall be in accordance with NFPA 110, the Standard for Emergency and Standby Power Systems. NFPA 110, 6-4.2</p>						

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	<p>requires generator sets in Level 1 and 2 service shall be exercised under operating conditions or not less than 30 percent of the EPS(Emergency Power Supply) nameplate rating at least monthly, for a minimum of 30 minutes. NFPA 99, 3-5.4.2 requires a written record of inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on review of the emergency generator Monthly Load Test record(s) provided by the administrator on 04/18/11 at 11:10 a.m., the record(s) did not include the percent load carried by the generator during load tests. The maintenance director referred to calculations at the time of record review and said the generator was under 24 percent load when tested. The administrator said at that time the entire facility was "on the generator". The maintenance</p>						

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	director said the generator contractor load tested the generator during his annual maintenance check but he had no supporting documentation the generator was tested at the 30 percent load required. He tried contacting the emergency generator contractor during the record review but was unable to get any supporting evidence during the survey. 3.1-19(b)						